

Work Order ID 85317

June-05-12 3:36:59 PM

85317

Page 1

Item ID: D407-667-205

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Crosstube Aft

Start Date: 05/06/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 19/06/2012 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 12/06/08 Tooling:

Date:

Run Start ***NR1***

QC:

Date: SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D407-667-245	Rev F/DEO								
100		0.00							
100	DOCUMENT CONTROL								
DC		0.00							
Document Control	Memo								
	Photocopy bluefile and create labels as per PPP D407-667-205, CH0007								
110	Pick Kit	0.00							
110	Packaging								
Packaging		0.00							
Packaging	Memo								
120		0.00							
120	BENDING MACHINE - CROSSTUBES								
CNC Bend I		0.00							
CNC Delta 100 Bender	Memo								
	1-Bend tube as per Dwg D407-667-245 using CNC bender program 407 Aft and Folio 21								

DAS
16
12/02/01
CNC 08

MLJ 12-8-1

DP 12-7-17

DP 12-7-17

B85317 D407-667-205 X

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Supplier <input type="checkbox"/>		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Other <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Supplier <input type="checkbox"/>																
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Other <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Offset/Setup									
Other									
Process									
Supplier									
Training									
Unauthorized									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending Passes Below Min <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimp at Bending <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Other <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Ripples on Inner Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	Hardware <input type="checkbox"/> Breaking <input type="checkbox"/> Missing <input type="checkbox"/> Size/Length <input type="checkbox"/> Spinning <input type="checkbox"/> Threading <input type="checkbox"/> Wrong Drill Holes <input type="checkbox"/> Misaligned <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Undersized <input type="checkbox"/> Too Many	General <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Documentation/Data <input type="checkbox"/> Finish <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Inspection Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Jigs/Fixtures/Tooling <input type="checkbox"/> Kit Incorrect <input type="checkbox"/> Kit Missing	Maintenance <input type="checkbox"/> Set-up <input type="checkbox"/> Mislabeled <input type="checkbox"/> Off-Set <input type="checkbox"/> Orientation Misread <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Lost <input type="checkbox"/> Part Moved <input type="checkbox"/> Raw Material <input type="checkbox"/> Supplier <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 85317

Jung-05-12 3:36:59 PM

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Page 2

Item ID: D407-667-205

Accept

N900040100Setup Start ***NS1***

Revision ID:

Item Name: Crosstube Aft

Stop ***NS2***

Start Date: 05/06/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 19/06/2012 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

130

QC15- Crosstube Dimensional Check

0.00

130

QC

Memo

0.00

Quality Control

17/07/17

2

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Other <input type="checkbox"/> </div> <div> Engineering Quality <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Offset/Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unauthorized <input type="checkbox"/>											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending Passes Below Min <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimp at Bending <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Other <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Ripples on Inner Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	Hardware <input type="checkbox"/> Breaking <input type="checkbox"/> Missing <input type="checkbox"/> Size/Length <input type="checkbox"/> Spinning <input type="checkbox"/> Threading <input type="checkbox"/> Wrong Drill Holes <input type="checkbox"/> Misaligned <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Undersized <input type="checkbox"/> Too Many	General <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Documentation/Data <input type="checkbox"/> Finish <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Inspection Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Jigs/Fixtures/Tooling <input type="checkbox"/> Kit Incorrect <input type="checkbox"/> Kit Missing	<input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Off-Set <input type="checkbox"/> Orientation Misread <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Lost <input type="checkbox"/> Part Moved <input type="checkbox"/> Raw Material <input type="checkbox"/> Set-up <input type="checkbox"/> Supplier <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 85317

Jung-05-12 3:36:59 PM

85317

Page 3

Item ID: D407-667-205

Accept

N9000040100Setup Start ***NS1***

Revision ID:

Item Name: Crosstube Aft

Stop ***NS2***

Start Date: 05/06/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 19/06/2012 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

140

0.00

140

Crosstubes

Crosstubes

Crosstubes

Memo

0.00

1-Drill pilot holes in tube using drill Jig DT8583 & DT8584 as per Dwg D407-667-245. Drill all (3) top holes.

2-Drill and Ream all holes in tube to finish size using drill Jig DT8583 & DT8584 as per Dwg D407-667-245. Check dimensions between holes on all four sides.

3-Flip tube and switch drilling Jigs from right to left, left to right. Locate Jigs off existing holes using "T" pins.

4-Drill pilot holes using drill Jig DT8583 & DT8584 as per Dwg D407-667-245. Drill only the top (2) holes.

5-Drill & ream the top (2) holes to finish size using drill Jig DT8583 & DT8584 as per Dwg D407-667-245

6-Drill Aft rivet holes using drill Jig DT8789 as per Dwg D407-667-245. Note: Aft side has 3x top holes.

7-Drill Fwd rivet holes using drill Jig DT8789 as per Dwg D407-667-245. Drill only the top (3) holes.

8-C'sink holes as per Dwg D407-667-245. Allow rivet to sit below surface to compensate for paint.

9- Scribe tube to identify on the inner chamfer in the cuff D# and B#

10-Deburr & Inspect for surface damage. Repair damage within limits as per

Rm/mo 12-7-19

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Supplier <input type="checkbox"/>		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Other <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Engineering <input type="checkbox"/>																								
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Quality <input type="checkbox"/>																								
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Supplier <input type="checkbox"/>																									
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Other <input type="checkbox"/>																									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector																		
Doc/Data <input type="checkbox"/>																											
Equip/Tooling <input type="checkbox"/>																											
Operator <input type="checkbox"/>																											
Material <input type="checkbox"/>																											
Offset/Setup <input type="checkbox"/>																											
Other <input type="checkbox"/>																											
Process <input type="checkbox"/>																											
Supplier <input type="checkbox"/>																											
Training <input type="checkbox"/>																											
Unauthorized <input type="checkbox"/>																											

FAULT CATEGORY									
Landing Gear			Hardware			General			
<input type="checkbox"/> Bending Passes Below Min	<input type="checkbox"/> Breaking	<input type="checkbox"/> Burrs	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Set-up					
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> Missing	<input type="checkbox"/> Contamination	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Supplier					
<input type="checkbox"/> Cracks	<input type="checkbox"/> Size/Length	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Off-Set	<input type="checkbox"/> Temperature/Cure					
<input type="checkbox"/> Crushed/Crimp at Bending	<input type="checkbox"/> Spinning	<input type="checkbox"/> Documentation/Data	<input type="checkbox"/> Orientation Misread	<input type="checkbox"/> Weld					
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Threading	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Wrong Stock Pulled					
<input type="checkbox"/> Other	<input type="checkbox"/> Wrong	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Out of Sequence						
<input type="checkbox"/> Positioned Wrong		<input type="checkbox"/> Inspection Unqualified	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Other					
<input type="checkbox"/> Ripples on Inner Bend	Drill Holes	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Over/Under tolerance						
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Misaligned	<input type="checkbox"/> Jigs/Fixtures/Tooling	<input type="checkbox"/> Part Lost						
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Kit Incorrect	<input type="checkbox"/> Part Moved						
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Over/Undersized	<input type="checkbox"/> Kit Missing	<input type="checkbox"/> Raw Material						
	<input type="checkbox"/> Too Many								

Work Order ID 85317

85317

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June-05-12 3:36:59 PM

Item ID: D407-667-205

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Item Name: Crosstube Aft

Stop ***NS2***

Start Date: 05/06/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 19/06/2012 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
	Dwg D407-667-245								
150	Crosstubes Chemical Conversion	0.00							
150									
HandFXtube	Memo	0.00							
Hand Finishing Crosstubes									
160	QC3- Inspect Part Finish	0.00							
160									
QC	Memo	0.00							
Quality Control									
170	QC5- Inspect part completeness to step on W/O	0.00							
170									
QC	Memo	0.00							
Quality Control									

Pro: 17504
AB 12-7-20

CZ 12/07/20 ①

12/07/20

12/07/20

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Other <input type="checkbox"/> </div> <div> Engineering Quality <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Offset/Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unauthorized <input type="checkbox"/>											

FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending Passes Below Min <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimp at Bending <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Other <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Ripples on Inner Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			Hardware <input type="checkbox"/> Breaking <input type="checkbox"/> Missing <input type="checkbox"/> Size/Length <input type="checkbox"/> Spinning <input type="checkbox"/> Threading <input type="checkbox"/> Wrong Drill Holes <input type="checkbox"/> Misaligned <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Undersized <input type="checkbox"/> Too Many			General <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Documentation/Data <input type="checkbox"/> Finish <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Inspection Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Jigs/Fixtures/Tooling <input type="checkbox"/> Kit Incorrect <input type="checkbox"/> Kit Missing			<input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Off-Set <input type="checkbox"/> Orientation Misread <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Lost <input type="checkbox"/> Part Moved <input type="checkbox"/> Raw Material		<input type="checkbox"/> Set-up <input type="checkbox"/> Supplier <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____	

Work Order ID 85317

June-05-12 3:36:59 PM

85317

Page 5

Item ID: D407-667-205

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Crosstube Aft

Start Date: 05/06/2012 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 19/06/2012 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run Start *NR1*
	QC:	Date:	SPC (Y/N):	Date:	Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
180	Outsource process - NDT per QSI038 4.1	0.00							
180									
Outsource2	Memo	0.00							
Outsource process - NDT	Liquid Penetrant Inspection as per QSI 0380 Issue P/O: _____ LRI as per ASTM 1417 Level 2 Attach copy of NDT results to work order								
190	Packaging	0.00							
190									
Packaging	Memo	0.00							
Packaging	Ensure copy of NDT results attached to work order.								
200	QC5- Inspect part completeness to step on W/O	0.00							
200									
QC	Memo	0.00							
Quality Control									

12/1/20

12.07.23

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Supplier <input type="checkbox"/>	<input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/>
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Engineering <input type="checkbox"/>																								
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Quality <input type="checkbox"/>																								
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Supplier <input type="checkbox"/>	<input type="checkbox"/>																								
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/>																								
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector																		
Doc/Data <input type="checkbox"/>																											
Equip/Tooling <input type="checkbox"/>																											
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Offset/Setup <input type="checkbox"/>																											
Other <input type="checkbox"/>																											
Process <input type="checkbox"/>																											
Supplier <input type="checkbox"/>																											
Training <input type="checkbox"/>																											
Unauthorized <input type="checkbox"/>																											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending Passes Below Min <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimp at Bending <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Other <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Ripples on Inner Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	Hardware <input type="checkbox"/> Breaking <input type="checkbox"/> Missing <input type="checkbox"/> Size/Length <input type="checkbox"/> Spinning <input type="checkbox"/> Threading <input type="checkbox"/> Wrong Drill Holes <input type="checkbox"/> Misaligned <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Undersized <input type="checkbox"/> Too Many	General <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Documentation/Data <input type="checkbox"/> Finish <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Inspection Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Jigs/Fixtures/Tooling <input type="checkbox"/> Kit Incorrect <input type="checkbox"/> Kit Missing	<input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Off-Set <input type="checkbox"/> Orientation Misread <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Lost <input type="checkbox"/> Part Moved <input type="checkbox"/> Raw Material	<input type="checkbox"/> Set-up <input type="checkbox"/> Supplier <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____

Work Order ID 85317

Jung-05-12 3:36:59 PM

85317

Page 6

Item ID: D407-667-205

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Crosstube Aft

Start Date: 05/06/2012 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 19/06/2012 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start ***NR1***
Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

210

0.00

210

SprayPaint

SprayPaint

Memo

0.00

Spray Painting

Mask underside of crosstube as shown

1-Prime inside and outside crosstube as per DEO D407-667-245 and QSI 005 4.2

2-Paint outside crosstube with White Imron as per QSI 005 4.2

PRIME: 121334

Start Time: 8:00

Fininsh Time: 9:00

PAINT: 122381

Start Time: 6:00

Finish Time: 7:00

AL

12-7-24

220

QC14- Inspect Spray Paint

0.00

220

QC

Memo

0.00

Quality Control

Then, Wrap in plastic bag to protect from scratches



12/14/24

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Supplier <input type="checkbox"/>		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Other <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Engineering <input type="checkbox"/>																								
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Quality <input type="checkbox"/>																								
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Supplier <input type="checkbox"/>																									
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Other <input type="checkbox"/>																									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector																		
Doc/Data <input type="checkbox"/>																											
Equip/Tooling <input type="checkbox"/>																											
Operator <input type="checkbox"/>																											
Material <input type="checkbox"/>																											
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Other <input type="checkbox"/>																											
Process <input type="checkbox"/>																											
Supplier <input type="checkbox"/>																											
Training <input type="checkbox"/>																											
Unauthorized <input type="checkbox"/>																											

FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending Passes Below Min <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimp at Bending <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Other <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Ripples on Inner Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			Hardware <input type="checkbox"/> Breaking <input type="checkbox"/> Missing <input type="checkbox"/> Size/Length <input type="checkbox"/> Spinning <input type="checkbox"/> Threading <input type="checkbox"/> Wrong Drill Holes <input type="checkbox"/> Misaligned <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Undersized <input type="checkbox"/> Too Many			General <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Documentation/Data <input type="checkbox"/> Finish <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Inspection Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Jigs/Fixtures/Tooling <input type="checkbox"/> Kit Incorrect <input type="checkbox"/> Kit Missing			<input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Off-Set <input type="checkbox"/> Orientation Misread <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Lost <input type="checkbox"/> Part Moved <input type="checkbox"/> Raw Material		<input type="checkbox"/> Set-up <input type="checkbox"/> Supplier <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 85317

June-05-12 3:36:59 PM

85317

Page 7

Item ID: D407-667-205

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Item Name: Crosstube Aft

Stop ***NS2***

Start Date: 05/06/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 19/06/2012 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

230

0.00

230

Crosstubes

Crosstubes

Memo

0.00

1- Install chafing shield as per DEO D407-667-245. Top holes should be facing up.

A/R Proseal 890 Batch: 122441
EXP: 1/13

2- Lightly scuff the bonded area using a 320 grit sand paper and clean the area with 41058 wash 'n' wipe

3- Install support with Scotch-Weld DP460 and install clamps as per DEO Dwg D407-667-245 using installation jig DT9025. Torque clamps as per dwg

A/R Scotch-Weld DP460 Batch: 121368
EXP: 13-04-13

7 w 12 07 27

4- Install nut plates as per Dwg D407-667-245. Touch-up rivet heads with Imron paint.

AB 12-7-28

240

QC5- Inspect part completeness to step on W/O

0.00

240

QC

Memo

0.00

Quality Control

AB 12 07 31 12 07 31

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Supplier <input type="checkbox"/>		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Other <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Supplier <input type="checkbox"/>																
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Other <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Offset/Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unauthorized <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending Passes Below Min <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimp at Bending <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Other <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Ripples on Inner Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	Hardware <input type="checkbox"/> Breaking <input type="checkbox"/> Missing <input type="checkbox"/> Size/Length <input type="checkbox"/> Spinning <input type="checkbox"/> Threading <input type="checkbox"/> Wrong Drill Holes <input type="checkbox"/> Misaligned <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Undersized <input type="checkbox"/> Too Many	General <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Documentation/Data <input type="checkbox"/> Finish <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Inspection Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Jigs/Fixtures/Tooling <input type="checkbox"/> Kit Incorrect <input type="checkbox"/> Kit Missing	<input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Off-Set <input type="checkbox"/> Orientation Misread <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Lost <input type="checkbox"/> Part Moved <input type="checkbox"/> Raw Material <input type="checkbox"/> Set-up <input type="checkbox"/> Supplier <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 85317

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85317

Page 8

Item ID: D407-667-205

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Crosstube Aft

Start Date: 05/06/2012 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 19/06/2012 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: Date:

Tooling:

Date:

Run Start ***NR1***

QC: Date:

SPC (Y/N):

Date:

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

250

Pick Kit

0.00

250

Packaging

Memo

0.00

Packaging

260

QC- 100% Inspect kits for completeness

0.00

260

QC

Memo

0.00

Quality Control

270

Packaging

0.00

270

Packaging

Memo

0.00

Packaging

Identify and in kanban rack
Location: _____

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Other <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Offset/Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unauthorized <input type="checkbox"/>											

FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending Passes Below Min <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimp at Bending <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Other <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Ripples on Inner Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			Hardware <input type="checkbox"/> Breaking <input type="checkbox"/> Missing <input type="checkbox"/> Size/Length <input type="checkbox"/> Spinning <input type="checkbox"/> Threading <input type="checkbox"/> Wrong Drill Holes <input type="checkbox"/> Misaligned <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Undersized <input type="checkbox"/> Too Many			General <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Documentation/Data <input type="checkbox"/> Finish <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Inspection Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Jigs/Fixtures/Tooling <input type="checkbox"/> Kit Incorrect <input type="checkbox"/> Kit Missing			<input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Off-Set <input type="checkbox"/> Orientation Misread <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Lost <input type="checkbox"/> Part Moved <input type="checkbox"/> Raw Material		<input type="checkbox"/> Set-up <input type="checkbox"/> Supplier <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____	

Work Order ID 85317

June-05-12 3:36:59 PM

85317

Page 9

Item ID: D407-667-205

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Crosstube Aft

Start Date: 05/06/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 19/06/2012 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____

Tooling:

Date: _____

Run Start ***NR1***

QC: _____ Date: _____

SPC (Y/N):

Date: _____

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

280

QC21- Final Inspection - Work Order Release

0.00

280

QC

Memo

0.00

Quality Control

12/8/12
MJS 12/08/01

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Other <input type="checkbox"/> </div> <div> Engineering Quality <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>					
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Doc/Data <input type="checkbox"/>											
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Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unauthorized <input type="checkbox"/>											

FAULT CATEGORY												
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Picklist Print

June-05-12 3:37:02 PM

Page 1
6

Work Order ID: 85317

85317

Parent Item: D407-667-205

D407-667-205

Parent Item Name: Crosstube Aft

Start Date: 05/06/2012

Required Date: 19/06/2012

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:C 05.09.02 Add holes for compatibility with Bell SkidtubesKJ/JLM
IPP Rev:D Added Magnobond,Rubber Cushion & Clamps 07-02-19
JLM

****CHANGE TO CHG 005 - IF USING D2894-1 B35578 OR GREATER****

IPP Rev:E 08-05-22 add comment in seq. 6 and QC15 and QC5 DD verified by:EC

IPP Rev:F 08-06-12 add comment in seq. 24 DD verified by:EC

IPP Rev:G 08-08-19 revE as per dwg DD verified by:EC

IPP Rev H 09.01.06 ECN 08-562 EC verified by:DD IPP Rev:I 10.04.07 revise route seq. in bom DD verified by:JLM IPP Rev J 11.04.26 removed abrasion strip ecn 11-551 EC verified by:DD

IPP REV:K

11.10.03 DEO D407-667-245-F-2 DD verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D407-667-205TRN		Manufactured	No			110	Each	0.0000	1	1			
D407-667-205TRN						854 784104			**			SAO 12-07-17	
Crosstube Turning Detail													
AN960JD516	NAS1149D0563J	Purchased	No			230	Each	0.0000	18	18			
AN960JD516									**			M119546	
Washer													
D2873-043		Manufactured	No			230	Each	40.0000	2	2			
D2873-043									**			AB 12-7-25	
Nut Plate Assembly													

Location

Loc Qty

Loc Code

LG052

40

72644

2

82949

38

(2)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Other <input type="checkbox"/> </div> <div> Engineering Quality <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Offset/Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unauthorized <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending Passes Below Min <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimp at Bending <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Other <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Ripples on Inner Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	Hardware <input type="checkbox"/> Breaking <input type="checkbox"/> Missing <input type="checkbox"/> Size/Length <input type="checkbox"/> Spinning <input type="checkbox"/> Threading <input type="checkbox"/> Wrong Drill Holes <input type="checkbox"/> Misaligned <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Undersized <input type="checkbox"/> Too Many	General <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Documentation/Data <input type="checkbox"/> Finish <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Inspection Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Jigs/Fixtures/Tooling <input type="checkbox"/> Kit Incorrect <input type="checkbox"/> Kit Missing	<input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Off-Set <input type="checkbox"/> Orientation Misread <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Lost <input type="checkbox"/> Part Moved <input type="checkbox"/> Raw Material	<input type="checkbox"/> Set-up <input type="checkbox"/> Supplier <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____

Picklist Print

June-05-12 3:37:02 PM

Page 2

Work Order ID: 85317

85317

Parent Item: D407-667-205

D407-667-205

Parent Item Name: Crosstube Aft

Start Date: 05/06/2012

Required Date: 19/06/2012

Start Qty: 1.00

Required Qty: 1.00

D2873-045

Manufactured No

230

Each

33.0000

2

2

D2873-045

Nut Plate Assembly

**

AB 12-7-25

Location

Loc Qty

Loc Code

LG052

33

82947

33

D2894-1

Manufactured No

230

Each

7 0000

1

1

D2894-1

2.750 Support

**

W 12-07-27

Location

Loc Qty

Loc Code

LG052

7

75212

1

82007

6

D3190-1

Manufactured No

230

Each

41.0000

2

2

D3190-1

Chafing Shield

**

AB 12-7-28

Location

Loc Qty

Loc Code

LG053

23

75947

23

LG055

18

72576

18

June-05-12 3:37:02 PM

Shop Packet Print

Page 2

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Supplier <input type="checkbox"/>		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Other <input type="checkbox"/>	
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Doc/Data <input type="checkbox"/>																											
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Picklist-Print

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Page 3

Work Order ID: 85317

Parent Item: D407-667-205

Parent Item Name: Crosstube Aft

85317

D407-667-205

Start Date: 05/06/2012

Required Date: 19/06/2012

Start Qty: 1.00

Required Qty: 1.00

D3595-063-450

Manufactured No

230

Each

179.8095

2

2

D3595-063-450

RUBBER CUSHION

**

12-01-27

Location

Loc Qty

Loc Code

LG

60

82511

60

LG051

109.7

80161

1.7

84715

108

MAT052

10.109474

67353

2

68893

6

70113

0.56

71354

0.2

74113

0.349474

75597

1

MS20601-AD4W8

Purchased

No

230

Each

144.0000

14

14

MS20601-AD4W8

RIVET

**

12-7-25

Location

Loc Qty

Loc Code

LG051

33

121017

33

ST314

100

121827

100

ST322

11

121255

11

June-05-12 3:37:02 PM

Shop Packet Print

Page 3

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Supplier <input type="checkbox"/>		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Other <input type="checkbox"/>	
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Picklist Print

June-05-12 3:37:02 PM

Page 4

Work Order ID: 85317

Parent Item: D407-667-205

Parent Item Name: Crosstube Aft

85317

D407-667-205

Start Date: 05/06/2012

Required Date: 19/06/2012

Start Qty: 1.00

Required Qty: 1.00

MS21920-22

Purchased

No

230

Each

48.0000

4

4

MS21920-22

Clamp(per MIL-DTL-8783C)

**

12-7-28

Location

Loc Qty

Loc Code

LG

1

119545

1

LG050

47

116207

7

117506

1

118186

8

120631

31

MS21920-25

Purchased

No

230

Each

123.0000

2

2

MS21920-25

Clamp(per MIL-DTL-8783C)

**

12-07-27

Location

Loc Qty

Loc Code

LG050

75

116264

2

117998

4

118142

4

119339

2

119746

2

120475

7

120920

54

LG051

48

121583

48

B# 122204

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Supplier <input type="checkbox"/>	<input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/>
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Supplier <input type="checkbox"/>	<input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/>															

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Offset/Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unauthorized <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending Passes Below Min <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimp at Bending <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Other <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Ripples on Inner Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	Hardware <input type="checkbox"/> Breaking <input type="checkbox"/> Missing <input type="checkbox"/> Size/Length <input type="checkbox"/> Spinning <input type="checkbox"/> Threading <input type="checkbox"/> Wrong Drill Holes <input type="checkbox"/> Misaligned <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Undersized <input type="checkbox"/> Too Many	General <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Documentation/Data <input type="checkbox"/> Finish <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Inspection Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Jigs/Fixtures/Tooling <input type="checkbox"/> Kit Incorrect <input type="checkbox"/> Kit Missing	<input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Off-Set <input type="checkbox"/> Orientation Misread <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Lost <input type="checkbox"/> Part Moved <input type="checkbox"/> Raw Material <input type="checkbox"/> Set-up <input type="checkbox"/> Supplier <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

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Page 5

Work Order ID: 85317

85317

Parent Item: D407-667-205

D407-667-205

Parent Item Name: Crosstube Aft

Start Date: 05/06/2012

Required Date: 19/06/2012

Start Qty: 1.00

Required Qty: 1.00

AN5-10A

Purchased

No

250

Each

215.0000

10

10

**

M122151

[Signature]

AN5-10A

Bolt

Location

Loc Qty

Loc Code

ST337

215

118191

80

121181

35

121243

100

AN5-32A

Purchased

No

250

Each

245.0000

4

4

**

[Signature]

AN5-32A

Bolt

Location

Loc Qty

Loc Code

ST339

145

119862

50

120423

75

120910

20

ST340

100

121541

100

AN5-34A

Purchased

No

250

Each

64.0000

4

4

**

[Signature]

AN5-34A

Bolt

Location

Loc Qty

Loc Code

339

25

121181

25

ST339

39

120422

39

120422

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____
 Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

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Page 6

Work Order ID: 85317

Parent Item: D407-667-205

Parent Item Name: Crosstube Aft

85317

D407-667-205

Start Date: 05/06/2012

Required Date: 19/06/2012

Start Qty: 1.00

Required Qty: 1.00

MS21042L5

Purchased

No

250

Each

1.409.000

4

4

MS21042L5

Nut

**

012/8/01

Location

Loc Qty

Loc Code

300

500

121652

500

ST300

909

108827

8

116105

5

116548

43

117611

18

119109

827

17651

8

119109

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector	

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

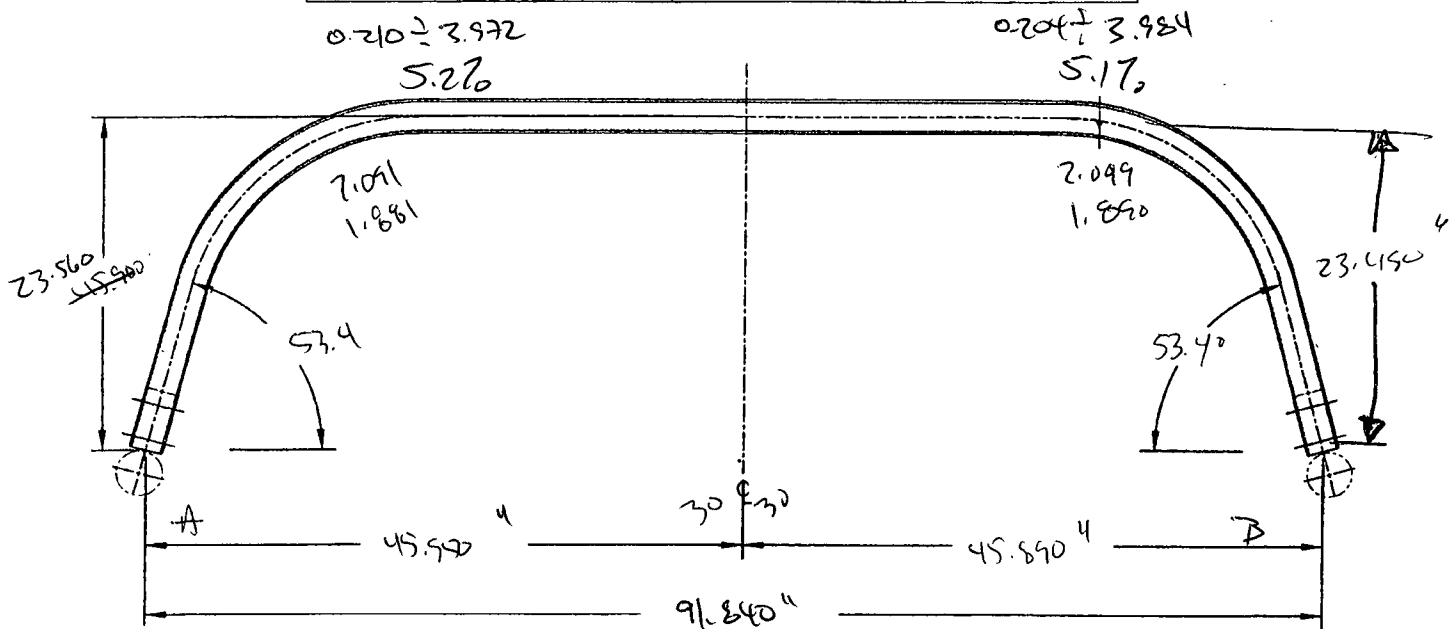
NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

H:\FORMS\Quality Assurance\approved QAWCRWO RevE

DART AEROSPACE LTD		Work Order:	85317
Description: Crosstube High Aft (407)		Part Number:	D407-667-205
Inspection Dwg: D407-667-245 Rev: F		Page 1 of 1	

Required Dimension	Min	Max
Height	23.39	23.65
1/2 Span	45.79	46.05
Angle	54	56
Total Span	91.58	92.100



Comments
S/R A = 5.270 crush @ 30 Passes
S/R B = 5.170 crush @ 30 Passes
Acceptable @ 12/2/17 QSI 042

QC15 Inspection	
Date	17/09/17

Rev	Date	Change	Revised by	Approved
A	07.02.06	New Issue	KJ/JM	
B	09.06.22	Dwg Rev updated	KJ	
C	11.08.22	Dimensions updated	KJ	
D	11.09.30	Dimensions updated	KJ	

Item	QTY -245	PART NUMBER	DESCRIPTION
1	X	D407-667-245	CROSSTUBE ASSEMBLY (407 HIGH AFT)
2	1	D6011-115	CROSSTUBE
3	2	D2856-400-773	ABRASION STRIP
4	2	D2873-043	NUT PLATE
5	2	D2873-045	NUT PLATE
6	1	D2894-1	SUPPORT
7	2	D3190-1	CHAFING SHIELD
8	2	D3595-063-430	RUBBER CUSHION
9	14	MS20601AD4W8	RIVET (OR NAS9302B-4-8)
10	4	MS21920-22	CLAMP
11	2	MS21920-25	CLAMP (OR MS21920-24)
12	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947- 100, TYPE II, CLASS 2 ADHESIVE)

GENERAL NOTES:

- 1) MATERIAL: MANUFACTURED FROM D6011-115
FINISHED LENGTH = 112.91±0.020
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
PAINT OUTSIDE PER DART QSI 005 4.2
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: SCRIBE DART PART NUMBER "D407-667-245" AND BATCH NUMBER ON
INSIDE OF CUFF USING VIBRATING STYLUS.
- 7) WEIGHT: 27.7 lbs
- 8) PART IS SYMMETRIC ABOUT CENTERLINE
- 9) RUN-OFF PART. BLEND OUT EDGE LONGITUDINALLY. TRANSITION SHOULD BE SMOOTH.
- 10) BEND PROGRESSIVELY WITH A MINIMUM OF 6 PASSES. MAXIMUM TUBE FLATTENING DUE TO
BENDING IS 6% BASED ON O.D.
- 11) LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.
- 12) INSTALL D2894-1 CENTER SUPPORT USING A 0.03" TO 0.06" THICK LAYER OF MAGNOBOND
6398 PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO
PACKAGING.
- 13) INSTALL MS21920-25 CLAMPS WITH D3595-063-430 RUBBER CUSHIONS TO SECURE D2894-1
SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE OPPOSITE CROSSTUBE
SUPPORT.
NOTE: MS21920-24 CLAMPS CAN BE USED TO ACCOMMODATE VARYING DIAMETERS.
ENSURE THERE IS A MINIMUM OF 1.5 THREADS IN SAFETY ON THE NUTS.
- 14) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE
OUTSIDE SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS
SCRATCHES, NICKS, OR DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT
LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE UNACCEPTABLE.
- 15) INSTALL D2856-400-773 ABRASION STRIP WITH A 0.13 (REF) GAP ON BOTTOM SIDE OF
CROSSTUBE. PER QSI 035.
- 16) INSTALL D3190-1 CHAFING SHIELDS SO THAT OVERLAP IS ON BOTTOM SIDE OF CROSSTUBE
OPPOSITE D2894-1 SUPPORT.
- 17) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS ARE SHOWING IN
SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER

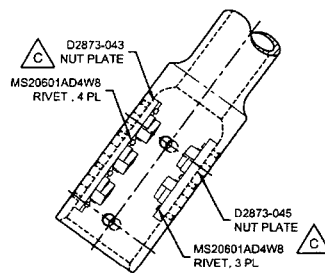
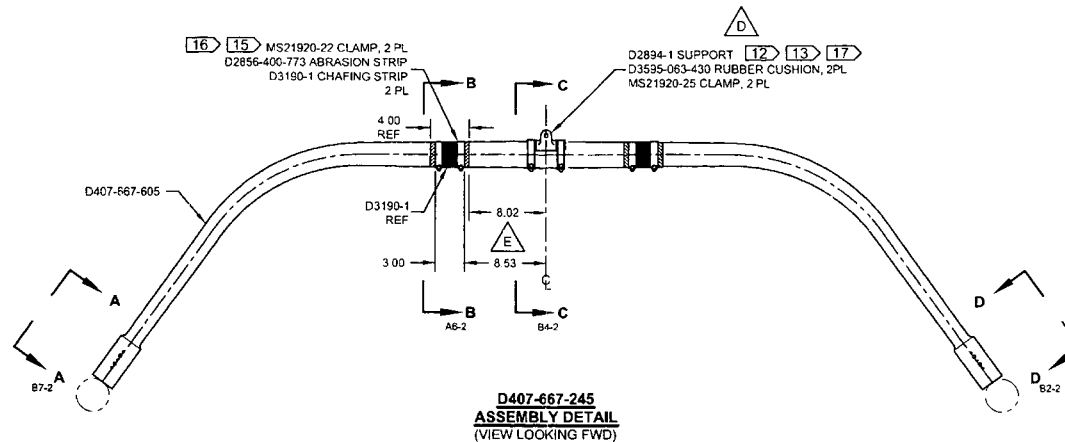
NO. 05317 MCT

12/06/05

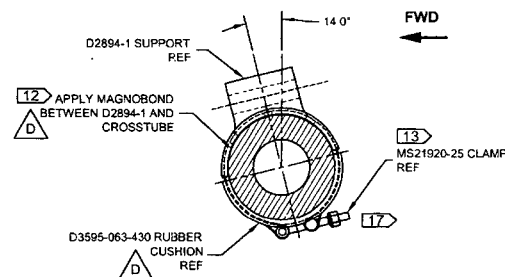
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RELEASED
08/11/06

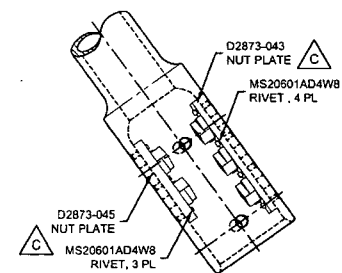
F	REFORMAT NOTES TO NEW STANDARDS (ZN B8-1); RELOCATED FLAG # 6 (ZN A8-3) PER NCR 210; REMOVED REF. & ADD TOLERANCES (ZN C6-3, C4-3 & D2-3)	RF	08.11.06
E	8.02 AND 8.53 WERE 8.40 AND 8.90 (ZN D5-2); REORGANIZED VIEWS AND REFORMATED DRAWING TO CURRENT STANDARDS. REASONS: CLAMPS MOVED 0.375 TOWARD CL TO ELIMINATE INTERFERENCE WITH AIRCRAFT MOUNTS. REFERENCE: PAR#08-21 AND ECN#1225	MB	08.07.24
D	ADD VIEW FOR OEM SKID HOLES, ROTATE ORIENTATION OF CLAMPS SECTION F-F. REMOVE -851 ABRASION STRIP, ADD MAGNOBOND 6398, ADD CUSHION	PH	07.02.07
C	ADD HOLES AND NUT PLATES FOR COMPATIBILITY WITH BHT/AA SKIDTUBES	PH	05.07.26
B	ADD CHAFING SHIELD	CP	03.05.21
A	NEW ISSUE	CP	02.05.13
REV.	DESCRIPTION	BY	DATE
DESIGN	9	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	9	DRAWING NO.	REV. F
MFG. APPR.	9	D407-667-245	SHEET 1 OF 4
APPROVED	9	TITLE	SCALE
DE APPR.	9	CROSSTUBE ASS'Y (407 HIGH AFT)	NTS
DATE	08.11.06	COPYRIGHT © 2002 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE, OR COPIED OR REPRODUCED IN ANY FORM OR BY ANY MEANS WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	



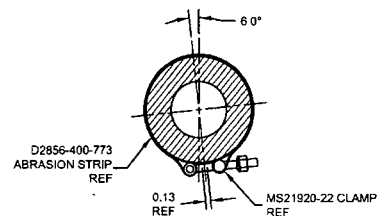
C7-2 VIEW A-A CUFF DETAIL
SCALE 4X



C4-2 SECTION C-C
SCALE 4X



C2-2 VIEW D-D CUFF DETAIL
SCALE 4X

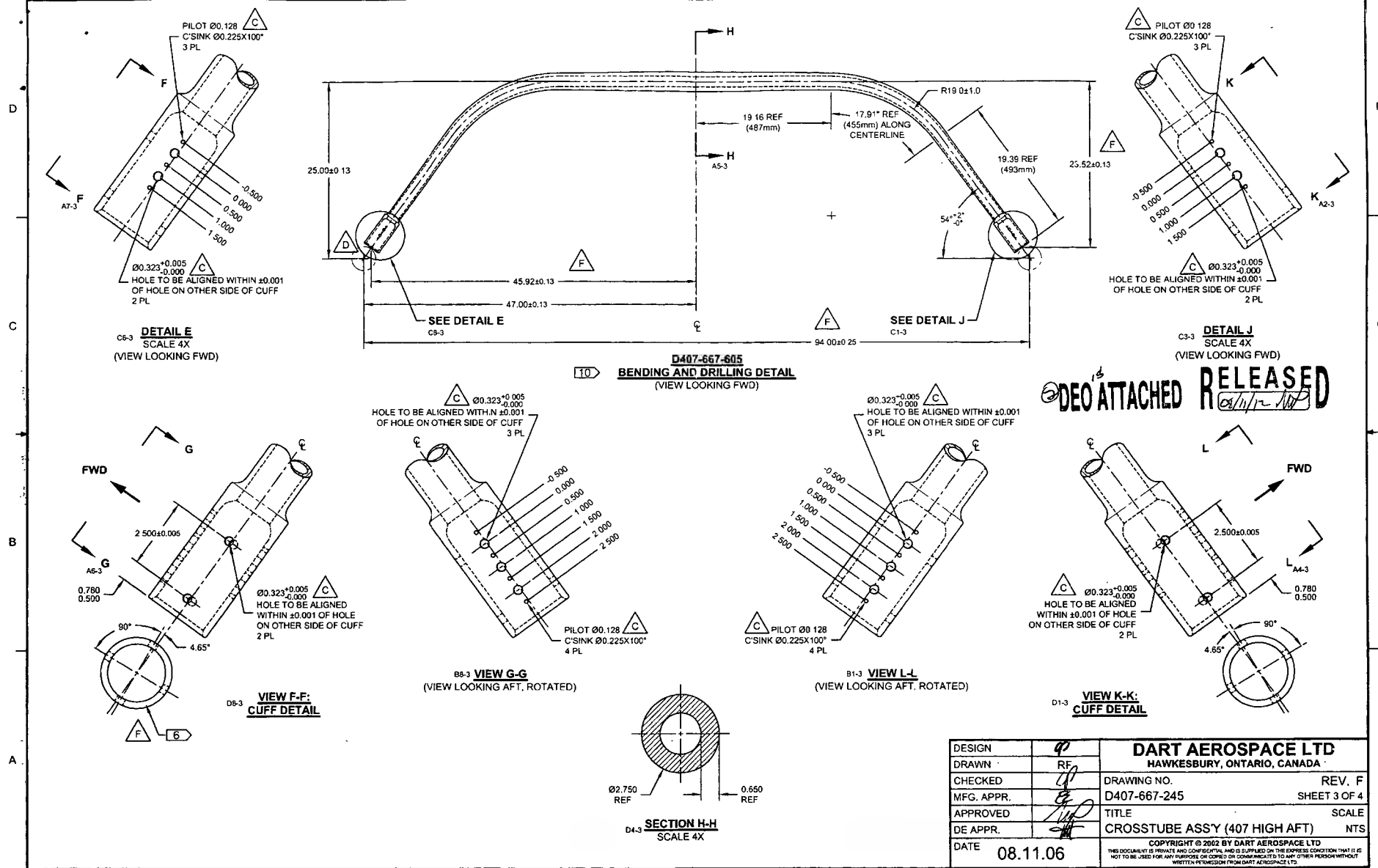


C5-2 SECTION B-B
SCALE 4X, 2PL

DEO ATTACHED
RELEASED
02/11/12 MB

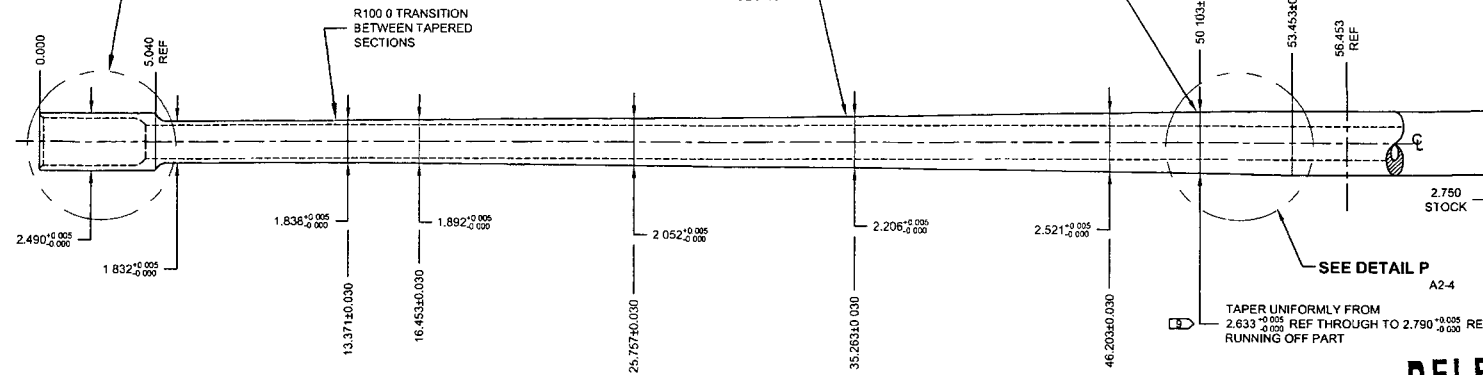
DESIGN	9	DART AEROSPACE LTD
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA
CHECKED	10	DRAWING NO. REV. F
MFG. APPR.	11	D407-667-245 SHEET 2 OF 4
APPROVED	12	TITLE SCALE
DE APPR.	13	CROSSTUBE ASS'Y (407 HIGH AFT) NTS
DATE	08.11.06	COPYRIGHT © 2002 BY DART AEROSPACE LTD
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85317

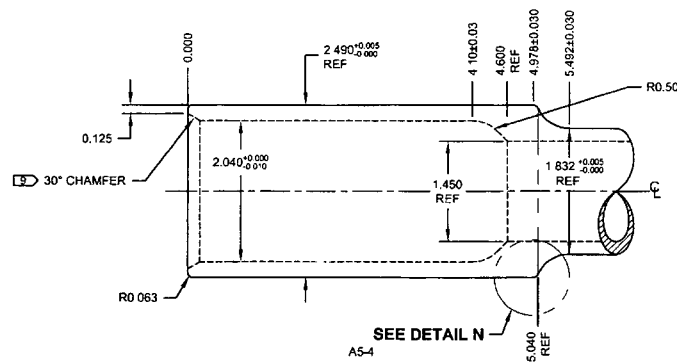


DESIGN	RF	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	RF	DRAWING NO.	REV. F
MFG. APPR.	RF	D407-667-245	SHEET 3 OF 4
APPROVED	RF	TITLE	SCALE
DE APPR.	RF	CROSSTUBE ASSY (407 HIGH AFT)	NTS
DATE	08.11.06	<small>COPYRIGHT © 2002 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

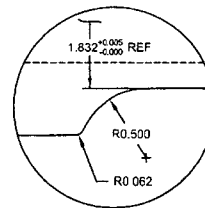
SEE DETAIL M
A7-4



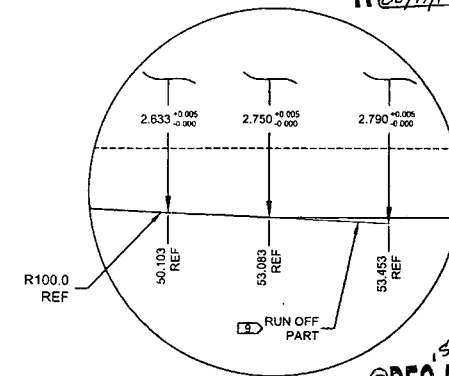
D407-667-245 MACHINING DETAIL



DETAIL M: CROSSTUBE CUFF
SCALE 3X



DETAIL N: CUFF TRANSITION
SCALE 2X



DETAIL P: TAPER RUN-OFF
NOT TO SCALE

RELEASED
08/11/12

DEO ATTACHED

DESIGN	RF	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	RF	DRAWING NO.	REV. F
MFG. APPR.	RF	D407-667-245	SHEET 4 OF 4
APPROVED	RF	TITLE	SCALE
DE APPR.	RF	CROSSTUBE ASSY (407 HIGH AFT)	NTS
DATE	08.11.06	<small>COPYRIGHT © 2003 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

85317

DRAWING NO. D407-667-245	TITLE CROSSTUBE ASSY (407 HIGH AFT)	REV. F	DART AEROSPACE LTD ENGINEERING ORDER		D.E.O. NO. D407-667-245-F-1	SHEET NO. SHEET 1 OF 2	SCALE NTS
DRAWN #	CHECKED 40	MFG. APPR. E	APPROVED 140	DE APPR. #			
DATE 11.04.08	DATE 11.04.12	DATE 11.04.12	DATE 11.04.12	DATE 11.04.12	DATE 11.04.12		

PURPOSE:

REMOVED ABRASION STRIP IN FAVOR OF A THIN LAYER OF PROSEAL 890.

CHANGE:

PARTS LIST IS AMENDED AS FOLLOWS:

IS:

Item	Qty -245	Part Number	Description
3	0	D2856-400-773	ABRASION STRIP

WAS:

3	2	D2856-400-773	ABRASION STRIP
---	---	---------------	----------------

NOTES 2 AND 15, SHEET 1 ARE AMENDED AS FOLLOWS:

IS:

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
MASK UNDERSIDE OF CROSSTUBE AS SHOWN (HATCHED AREA) AND
PAINT OUTSIDE PER DART QSI 005 4.2
REMOVE MASKING AND APPLY CLEAR COAT
- 15) APPLY A THIN COAT OF PROSEAL 890 ON INSIDE CONCAVE SURFACE OF D3190-1
CHAFING SHIELDS AND LET CURE PER MANUFACTURER'S INSTRUCTIONS. INSTALL
PROSEALED D3190-1 CHAFING SHIELDS ONTO CROSSTUBE BY APPLYING A THIN COAT
OF PROSEAL 890 ONTO CROSSTUBE. BE SURE TO ELIMINATE ANY AIR GAPS.

WAS:

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
PAINT OUTSIDE PER DART QSI 005 4.2
- 15) INSTALL D2856-400-773 ABRASION STRIP WITH A 0.13 REF GAP ON BOTTOM SIDE OF
CROSSTUBE PER QSI 035.

RELEASED
2011-04-18
MA

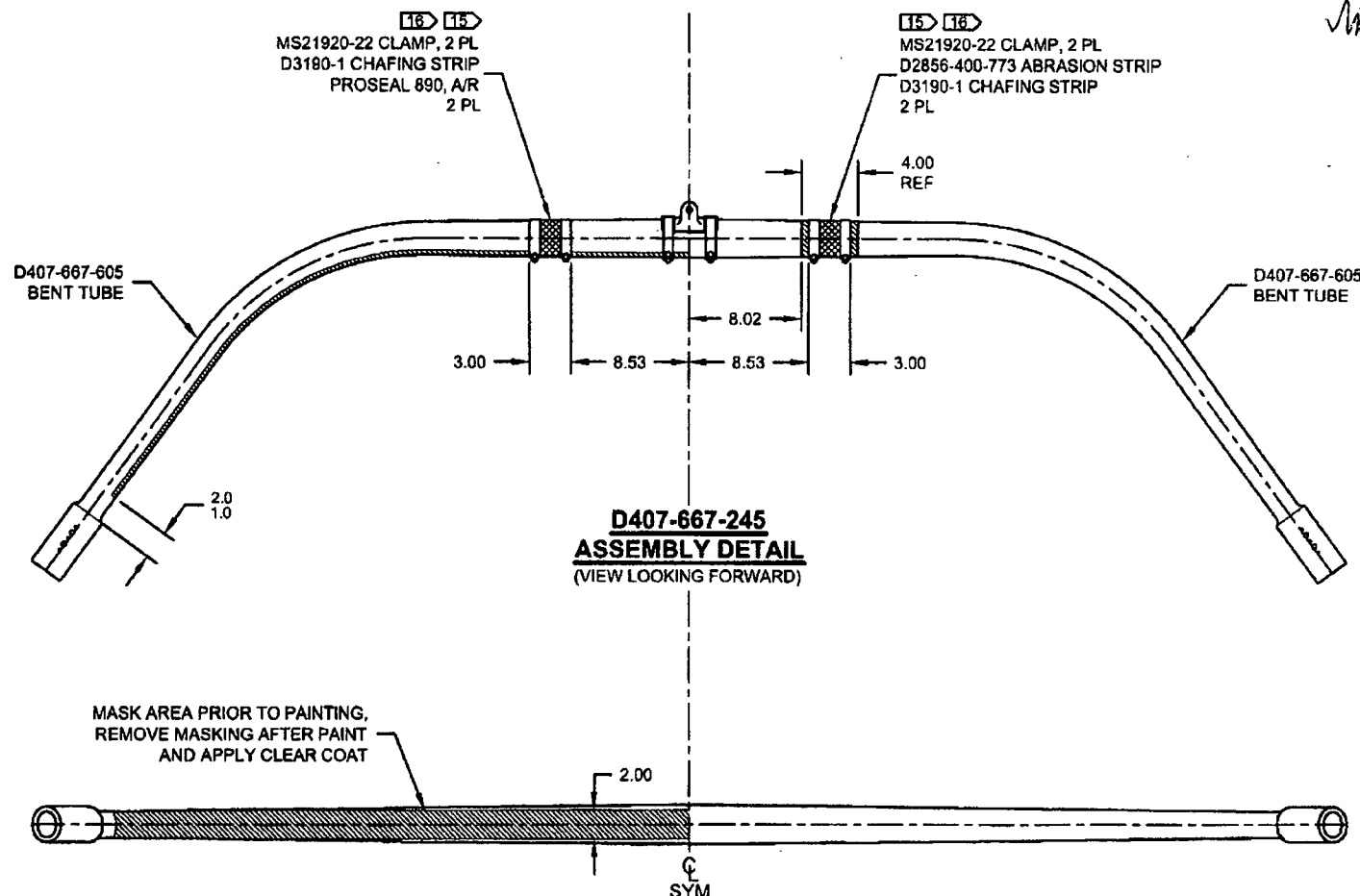
05317

DRAWING NO. D407-667-245	TITLE CROSSTUBE ASSY (407 HIGH AFT)	REV. F	DART AEROSPACE LTD ENGINEERING ORDER	D.E.O. NO. D407-667-245-F.1	SHEET NO. SHEET 2 OF 2	SCALE NTS
DRAWN	CHECKED	MFG. APPR.	APPROVED	DE APPR.		
DATE 11.04.08	DATE 11.04.11	DATE 11.04.12	DATE 11/04/12	DATE 11.04.12		

IS:

WAS:

RELEASED
2011-04-18



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85317

DRAWING NO. D407-667-245	TITLE CROSSTUBE ASS'Y (407 HIGH AFT)	REV. F	DART AEROSPACE LTD ENGINEERING ORDER		D.E.O. NO. D407-667-245-F-2	SHEET NO. SHEET 1 OF 1	SCALE NTS
DRAWN 92	CHECKED ASS	MFG. APPR. E	APPROVED MP		DE APPR. H		
DATE 11.09.07	DATE 11.09.19	DATE 11.09.19	DATE 11.09.19		DATE 11.09.19		

PURPOSE:

REPLACE MAGNOBOND WITH 3M DP460 SCOTCH-WELD EPOXY ADHESIVE

CHANGE:

IS:

Item	Qty -245	Part Number	Description
12	A/R	SCOTCH-WELD DP460	EPOXY ADHESIVE, 3M SCOTCH-WELD

WAS:

12	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)
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NOTE 12 & 17, SHEET 1 IS AMENDED AS FOLLOWS:

IS:

- 12) INSTALL D2894-1 CENTER SUPPORT USING A 0.04" TO 0.07" THICK LAYER OF SCOTCH-WELD DP460 PER QSI 015. LET CURE FOR 24 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING. PRIOR TO PACKAGING, RE-CHECK TORQUE ON CLAMPS AFTER ADHESIVE HAS CURED FOR 24 HOURS.

WAS:

- 12) INSTALL D2894-1 CENTER SUPPORT USING A 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS ARE SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

RELEASED
2011-09-29
MP



LIQUID PENETRANT TEST REPORT

P- 12202

PAGE 1 OF 1

CLIENT DAT Aero Space DATE July 20/12 TIME AM ☒ PM ☐
ATTENTION ANDY / LINDA ACUREN JOB NO. 188-12-00285
ADDRESS 1270 ABELDEEN ST. POWO No. 17504
HANKSBURY, ON WORK LOCATION same
ACCEPTANCE STD. ASTM 1417/CSI REV./DATE 2005
PROJECT F.P.I. on cross tubes
ITEM(S) EXAMINED 11 - PCS

JOB DESCRIPTION PROCEDURE NO. LT002 REV./DATE 2008 TECHNIQUE NO. LT-1042 REV./DATE 2008
PART NO. SEE RESULTS MATERIAL ALUMINUM THICKNESS VARIOUS
SCOPE A WET FLOWABLE LENT LIQUID PENETRANT EXAMINATION
WAS COMPLETED ON THE EXTERNAL SURFACE 100%

TEST DETAILS

METHOD ☒ FLUORESCENT ☐ VISIBLE ☒ WATER WASH ☐ SOLVENT REMOVABLE ☐ POST EMULSIFIED
FAMILY BRAND MAGNAFLUX BLACK LIGHT S/N 16459 ☐ OUTPUT > 1000 μ W/cm² ☐ AMBIENT < 2 fc
PENETRANT 2607 MINIMUM DWELL TIME 45 MIN. LIGHTING EQUIP. ☐ FLASHLIGHT ☐ TROUBLELIGHT ☐ OUTPUT > 100 fc @ SURFACE
PENETRANT REMOVER H2O MINIMUM DRY TIME >10 MIN. OTHER LABINO
DEVELOPER SKD 52 MINIMUM DWELL TIME 10 MIN. LIGHT METER S/N 1098866 CAL DUE DATE July 20
DEVELOPER TYPE ☒ NON AQUEOUS ☐ AQUEOUS ☐ DRY

TEST SURFACE

SURFACE CONDITION ☐ AS GROUND ☐ AS WELDED ☒ MACHINED ☐ SHOT BLASTED ☒ CLEAN BARE METAL
SURFACE TEMPERATURE ☐ < -4°C/ 20°F ☐ -4°C/ 20°F TO 10°C/50°F ☒ 10°C/50°F TO 52°C/125°F ☐ > 52°C/125°F

RESULTS- ☒ METRIC ☐ IMPERIAL

CROSS REF. O.

1	85877	✓
1	86693	✓
1	86692	✓
1	84764	✓
1	86132	✓
1	87329	✓
1	87328	✓
1	85315	✓
1	85316	✓
1	85317	✓
1	85318	✓

ENGINEERING REQUEST - NCR
WAS ORIGINALLY NOT ON TUBE 12/20
REFUT P-10159.

12 OCT 2012

Scope of Services
The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care
In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES

CLIENT REPRESENTATIVE Andy Sheldon PRINT SIGNATURE AS DTR # E117389
TECHNICIAN (SIGNATURE): Mike Sheldon REPORT REVIEWED BY:
NAME (PRINT): Mike Sheldon NAME INITIALS
1st TECHNICIAN 2nd TECHNICIAN
CGSB LEVEL # SNT LEVEL # CGSB LEVEL # SNT LEVEL #
CGSB REG. NO. 6606 CGSB REG. NO. #

Part Number D407-667-205
Description 407 AFT CROSS TUBE

[illegible]